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S&H Form: PTO/SB/05 (2/01)

	<u>ω</u>	UTILITY	Attorney Docket No. 1083.1085						
	= · ·	PATENT APPLICATION	First Named Inventor or Application Identifier: Yuki FIKUICHI et al.						
	· 	<u>TRANSMITTAL</u>	√ ·						
	ਰ ਹ	(Only for original applications)	Express Mail Label No.						
		(Only for original applications) APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231						
T	1. 🛛	Fee Transmittal Form	න් <u>ල</u> 34_]						
1	2. Specification, Claims & Abstract[Total Pages: 34]								
	3. 🛛								
	4. ⊠	 4. ☑ Oath or Declaration							
.1	5. 🔲	Verified Statement Claiming Small Entity Status							
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The R.A. Hon. Hon.	8. 🗌	Nucleotide and/or Amino Acid Sequence Submiss a. ☐ Computer Readable Form (CRF) b. ☐ Specification Sequence Listing on: i. ☐ CD-ROM or CD-R (2 copies); or II. ☐ paper c. ☐ Statement verifying identity of above copie							
4	ACCON	MPANYING APPLICATION PARTS	Limited of Kawacaki Janan						
U	9. 🖂	Assignment (cover sheet & document(s)) to Fujitsu							
f. f.	40 🗔	for publication of assignee information under 3							
# # F		37 CFR 3.73(b) Statement (when there is an assign English Translation Document (if applicable)	- 1 one of America						
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	12. Za mierinaden Protectio Praterio,								
		 13. ☐ Preliminary Amendment 14. ☐ Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 							
		15. ☑ Certified Copy of Priority Document(s) (if foreign priority is claimed)							
		16. Request and Certification for Nonpublication under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form							
		PTO/SB/35 or its equivalent							
	17. Other:								
	_	ORRESPONDENCE ADDRESS							
	10. 0	21	171 DEMARK OFFICE						

NEW APPLICATION			Attorney Docket No. 1			10	83.1085		
FEE TRANSMITTAL			Application Number L			Un	Jnassigned		
			Filing Date D			De	ecember 27, 2001		
AMOUNT ENCLOSED \$ 1032.00			1032.00				Yu	Yuki FIKUICHI et al.	
FEE CALCUL	ATION (fees	effectiv	ve 10/01/00)						
CLAIMS	(1) FOR		(2) NUMBER FILED	(2) NUMBER (3) NUMB		R (4) RATE		(5) CALCULATIONS	
	TOTAL CL	AIMS	16 - 20 =	0		X \$ 18.00 =		\$ 0.00	
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			DENT CLAIMS	DENT CLAIMS (any number		+			
if applicable)				\$280.00		2	740.00		
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				Total of above Calculations =			1	\$ 992.00	
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	Reduction	by 50%	for filing by sma	ll entity (37	7 CFR	1.27).			
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Recordation of Assignment (\$40.00; 37 CFR 1.21(h)) 40.00							\$ 1032.00		
				DUE =				\$ 1032.00	
METHOD OF PAYMENT ☑ Check enclosed as payment.									
☐ Charge	"TOTAL FE	ES DUE	e" to the Deposit	Account N	lo. bel	OW.	م مالار ،	wized at this time	
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GENERAL AUTHORIZATION If the above-noted "AMOUNT ENCLOSED" is not correct, the Commissioner is hereby authorized to credit any overpayment or charge any additional fees necessary to:									
	Deposit Account No. 19-3935								
Deposit Account Name STAAS & HALSEY LLP									
The Commissioner is also authorized to credit any overpayments or charge any additional fees required under 37 CFR 1.16 (filing fees) or 37 CFR 1.17 (processing fees) during the prosecution of this application, including any related application(s) claiming benefit hereof pursuant to 35 USC 120 (e.g., continuations/divisionals/CIPs under 37 CFR 1.53(b) and/or continuations/divisionals/CPAs under 37 CFR 1.53(d)) to maintain pendency hereof or of any such related application.									
SUBMITTED			SEY LLP						
Typed Name						Reg. N	lo.	22,729	
Signature			Date		December 27, 2001				

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